

- Report No. 80
- September-October 1988



Women With Disabilities

Women with disabilities are in a position of double jeopardy—they face barriers because they are women and because they are disabled. Around the world disabled people experience barriers to their participation in employment, sexuality and family life, transportation, leisure and church.

Others' attitudes are often the greatest barrier. Society has tended to view people with disabilities as weak, helpless, passive, sick and unable to make decisions about their own lives. The thinking is that if people cannot see, walk, hear or talk, they also cannot think. And in the case of mentally handicapped people there is sometimes a belief that they are not fully human beings who also have the same emotions as all of us.

Rehabilitation professionals have tended to take control of the disabled person's life. Social workers, doctors and nurses have often made decisions for disabled persons which ignored their potential to live and work in the community like everyone else.

Society has also tended to expect women in general to be passive, weak and helpless. Women with disabilities are often not viewed as having the same sexual and biological potential as "normal" women. Thus if you are disabled and a woman there are enormous assumptions about how you should and can live your life.

In the developing world, many disabled women are hidden away because their families are ashamed of them. Others often believe that someone in a family must have sinned and thus God granted them a disabled child. This attitude is not so different from the traditional attitude of North American churches that disabled people do not have enough faith to be healed. But these attitudes are changing and barriers that exclude disabled people from participating in the church are being broken down, as will be discussed in this issue of *Women's Concerns Report*.

In the last several years, both the disabled people's self-help movement and the women's movement have begun to include disabled women in their planning. Disabled People's International, an international self-help organization composed of disabled persons in over 70 countries, has a Standing Committee on Women's Affairs. DPI has initiated leadership training seminars for women with various disabilities in Asia, Latin America, the Caribbean and Africa.

Disabled people, most of them women, are the facilitators of these training seminars. Not only do disabled women obtain some skills in management, budgeting and advocacy but they also meet some 40 women with disabilities from their region and realize their common concerns. Many disabled women tend to lack self-esteem and feel powerless. Meeting other women with disabilities, some of whom have post-secondary education and confidence in themselves, gives them a sense of strength and pride.

The women's movement is also beginning to recognize that women with disabilities are *women*, needing access to the same services and options as other women. In North America most shelters for abused women, clinics, medical services and meetings of women's organizations are not accessible to women with disabilities. Often, stairs bar the entry of women who use wheelchairs or crutches. As one Canadian woman explained, "I had two very young children. Every time I did leave (my husband) — and I left many times—I would not be able to find an accessible place to take them to ...A lot of times I had to give up and go back to my husband." (1)

In other cases shelters and rape crisis lines do not have telephone devices (TTY's) to serve deaf women. "We do not have a TTY. So we can't do outreach to hearing impaired women. We don't know if deaf women are being assaulted because they're not calling our line," commented a Toronto crisis center worker. (2)

"In Nepal I heard a sad story from a Japanese surgeon. One day a mother came to his hospital from a faraway village. She had cancer in her leg and the doctor told her that he would remove the cancer by amputating the leg, otherwise she may lose her life. She refused to have the operation, saying to the doctor, 'If I lose my leg and cannot walk, that is, to fetch water from the river and collect firewood from the forest then my whole family cannot

survive. If I die, my husband will get a younger healthy wife again, and my family will be saved."

—Yayori Matsui

The MCC Committee on Women's Concerns *REPORT* USPS 367-790 is published bimonthly jointly by Mennonite Central Committee U.S. Peace Section, 21 South 12th Street, Akron, PA 17501 and by MCC Canada Peace and Social Concerns, 134 Plaza Drive, Winnipeg, MB R3T 5K9. Second-class postage paid at Akron, PA.

Some Canadian women's groups are now working at making their services and meetings accessible to women with disabilities. Furthermore, at the End of the Women's Decade Conference in Nairobi, Kenya in 1985 a resolution was passed stressing that women with disabilities must be considered in governments' planning of women's services.

Indeed, disabled women want the opportunity to participate like everyone else in society. While the disabled people's movement (with mostly men in leadership) began to speak for the rights of disabled persons only in the last 15 years, women with disabilities have just begun to speak for themselves in the last several years. This Report is a vehicle for hearing these voices. So, as poet Jennifer Snair beckons:

"You and I,
We share this place.
Come...
Draw closer...
Listen...
To the voices from the shadows." (3) —Diane Driedger

Diane Driedger is currently working as development officer in the North American/Caribbean regional office of Disabled Peoples' International. She and her husband are based in Kingston, Jamaica for the next two years. Diane formerly worked half time with MCC's Disabled People's Concerns and half time as a policy analyst with DPI in Winnipeg, Manitoba. She has a masters in history, and her thesis on the history of DPI will be published by a British publisher in 1989. She has also co-edited an anthology on women with disabilities worldwide.

(1) COPOH. *Proceedings of COPOH's Workshop on Disabled Women's Issues*. 1987. p. 40.

(2) COPOH. *Proceedings of COPOH's Workshop on Disabled Women's Issues*. 1987. p. 42.

(3) Quoted in G.F. Matthews. *Voices From the Shadows: Women With Disabilities Speak Out*. Toronto: The Women's Press. 1983. p. 22.



by Irene Ewert Wiebe

Shakin'g Off Stereotypes

Disability can be a nuisance — but it need not destroy a life. Negative attitudes about disability can, however, crush a life.

Since childhood I have lived with partial paralysis due to a head injury, but the problems arising from this disability have not been as handicapping as have been the far-reaching tentacles of society's attitudes.

At birth, I was destined to become a woman. Nothing would change that. My community's understanding of womanhood was traditional. A young woman would marry, be her husband's helpmate, the bearer of children, the keeper of the home, a gardener and a farm hand — a hard worker on all accounts.

After my injury, it quickly became evident that these preconceived expectations for this woman-to-be had flip-flopped. No longer was I expected to marry, to bear children, to work or even to learn any more. People thought that I was brain-damaged. That, in their minds, meant I could no longer think.

I stubbornly refused to accept this total stripping of my personhood. I felt like a whole person; why shouldn't I become a whole woman?

I worked particularly hard learning to do everything that mother did, with modifications. When mixing a cake batter, for example, I had to stabilize the bowl by pushing it against my body. When anyone outside the home saw

"At least one in 10 persons is physically, mentally or sensorially disabled. That means more than 450 million people, or 10 percent of the world's population."

—Joint U.N. Information Committee

"Malnutrition resulting from poverty is the greatest single cause of disability. One hundred million people are currently disabled due to malnutrition."

—Joint U.N. Committee

this type of action, they often offered to do it for me. It seemed as though they could not bear to watch my struggles.



OH HERE, DEARIE, LET ME DO THAT FOR YOU...

There were a few impossibilities. For one, I could not find a way to curl my own hair. I was totally dependent on mother to curl it for me. This single dependence was enough to make even me doubt, at times, that I would ever be able to leave home. I thought it would be easier to be a boy; at least boys didn't have to curl their hair. Often such small things presented the greatest problems.

This attempting to fit into a predetermined mold left no room for mistakes; at every turn I had to prove myself worthy of being perceived as a whole person with potential for becoming a whole woman.

Even seeing was not always believing. At times, amid my anger at the ignorance displayed, I chuckled when observers thought they were seeing something close to apparition when I was hanging the laundry on the line, hoeing the garden, or atop a ladder cleaning the windows.

Adolescence brought with it the awakened desire for the opposite sex. I immediately attempted to smother those feelings, as though for me such desires were a waste of time, if not sinful. Mother was particularly protective, and tried to convince me that marriage would be too hard for me.

Other women discussed with her how difficult life would be for me: "If she ever marries, then trouble will begin" or, "If she ever tries to have a child, then there will be problems."

I consumed much energy in trying to be attractive in appearance: to walk erectly, to hold my head high, to step smoothly, to swing my arms in an appropriate rhythm. Yet some young men mimicked me by exaggerating my limp and the dangling motion of my paralyzed arm. This was the most painful time of living with a disability.

Trying to find a job presented another difficulty. On several occasions those receiving applications looked at the way I walked, and refused me employment without further consideration. For some time I could find only domestic work. Society was blinded to the need of career counseling for disabled people. Being a woman doubled the negatives.

If anything good came out of these stifling attitudes, it was that they drove me to study the Bible and to pray more intensely. I found only love from God. I found nothing that indicated God supported the most harmful of attitudes, like those of some people who suggested that my parents or I must have done something wrong for God to punish us with such an accident. "If you only believed enough, God would heal you," they said. This I learned to disregard. Although nearly a half century has passed since the injury, I occasionally still hear such expressions.



**IRENE! YOU CAN'T DO THAT!
COME DOWN THIS INSTANT!**

"Many people, including the disabled, still believe the traditional myths about the disabled. Some of these negative attitudes have their origins in ancient religious beliefs that regarded the disabled as devil possessed, or as corporal manifestations of family guilt. These prejudices have been buttressed by fear, particularly of the able-bodied, that their own good health might be a temporary state, that they too could be suddenly

struck down by an accident, disease, or the effects of age, or, that through association with the disabled, a condition could be 'catching'."
—Pat Israel and Cathy McPherson

In due course, a young man came onto the scene. The objections to my marriage were so die-hard that even after we were engaged, some people urged my parents to disallow the marriage. One woman who had never even seen me at work in the kitchen said to my mother, "Why she can't even cook!" No one ever had any ideas about what I should do with my life, except, perhaps, take care of my aging parents.

We were blessed with four lovely children, the youngest ones twins. This was absolutely mind boggling to those bound by their own attitudes. Rather than rejoicing with us, some suggested that we should "give up" one of the babies. That was unthinkable; I was a mother to the core, and I liked it that way.

All my energy went into being mother and homemaker, but at the time it was right for me. I had been threatened by the possibility of becoming a non-person, and therefore appreciated filling this important role. At this stage, I could not understand why other women found that role too limiting.

Nevertheless, when the children grew up I began to discover other talents that had laid dormant during those busy years. Then I, too, looked for more education and for ways of exercising those gifts. I found that I was at heart, however, a woman like other women, a person like other persons. No longer did I need to prove anything.

More importantly, if there is anything I have learned from living with a disability, it is that in all circumstances, and in spite of any societal attitudes, God's grace is sufficient for me. (II Cor. 12:9)

Irene Ewert Wiebe is a member of the Handicap Concerns Committee of MCC Canada, and she chairs the Saskatchewan Disability Concerns Committee. She is a member of the MCC Canada Board. Irene and her husband live in Saskatoon.

Disabled Mothers Reverie

by Irene Ewert Wiebe

Little children
sleeping now
innocent
sweet as honeydew and
perfectly formed
I their mother
disabled

What will they learn from me
to walk with hobbling gait
like mine
to use their teeth for helping hands
as I must
Oh please
never copy that
my tiny loves
growing learning

What will they think
not able

Will they have respect
for their mother
different from those of peers
yet the same

Will they be ashamed
flawed body
that makes heads turn
to stare

Or will they see the inner being
human soul
indwelling of God
Oh pray
learn more of the Divine
I the lesser one
God's own darlings!

"Language reflects our attitudes. Terms such as birth defects, invalid, crippled, affected, confined to a wheelchair, deaf mute, disturbed, blind, and idiot correlate to the attitudes that society has of disabled people as charity cases."
—Sheryl Kaplan

"The use of what many health experts consider dangerous birth-control drugs on mentally handicapped women is well documented. Until the early 70s, in some parts of Canada, it was legal to sterilize women with psychiatric problems. Sterilization of physically and mentally disabled women without their authorization is still a fact of life today."
—Pat Israel and Cathy McPherson

by Rhonda Wiebe Warkentin

Taking Inventory

There is something unsettling or incongruous about the word "disability." I live with a chronic medical condition that affects my daily routine, my family life and even my professional life. However, one of the most effective coping skills that I have adopted has been the attitude that the disability really lies in the eyes of the beholder, whether that beholder be society in general, specific individuals with whom I relate, or even if that beholder is me! Recognizing that everyone has limitations and that I am not isolated in having parameters set around me has been a very freeing thing.

I have diabetes. Unlike some disabilities, my condition is not noticeable every time I walk into a room. Some longtime acquaintances do not know of my condition. I have found that denying that I have diabetes in public leads to a further temptation to deny that I have diabetes in private. If no one else knows, I will not have to acknowledge it myself.

My adolescence was a time of anger and hiding. I could not meld my medical condition with my faith—at that time I did not understand why God would bestow this affliction on me and I did not see how it could make me a better person. I viewed diabetes more as a punishment than a gift. I gave it a personality: it was my opponent and I fought it with a vengeance.

I used several weapons in that battle. One was denial. The proper maintenance of diabetes requires following a special diet. I saw this as further punishment and as an attempt on the part of my "enemy" to take over my life. I often expressed this through statements like, "I'm going to control it; it can't control what I want." Diabetes requires insulin injections at least once a day. This I did, but

grudgingly, hiding it from everyone but my closest friends. I did not want this condition. I did not want anyone to know I suffered with it. I did not want to have to cope with it!

I tried to justify my feelings. Human beings are often an insensitive lot, and I came into contact with people who truly (but unintentionally) made me feel disabled. Individuals from every walk of life seemingly threw roadblocks into my path of self-acceptance. I still bristle when I hear someone refer to me as "the diabetic" rather than as a person who has, among other things, diabetes.

I haven't heard people called "the bladder infection" or "the inflamed prostate" but somehow many find it acceptable to label others "the diabetic," "the epileptic" or "the hemophiliac." Admittedly, I became and still am oversensitized to this issue. I want people to acknowledge that my personality, my values, my beliefs and my dreams are as much a part of me as my "disability."



HI, RHONDA! HAVE YOU MET
MY FRIEND MYRA, THE MIGRAINE?
THIS IS RHONDA, THE DIABETIC...

I learned to begin coping when I began to acknowledge that I had made my condition a faith issue. I saw my diabetes as a sign that God had rejected me. In my more frustrated moments I shook my fist at God. Angrily I called God names that are not found in the Old or New Testament. I felt I had been cursed by this Superior Being; I owed this God no allegiance or service.

It was at this time that another human being who also had diabetes began to help me along a path to better understanding. J.J. Thiessen was probably the only person who could unoffendingly call me "Sweetie." We shared a common birthday and we shared a disease—his name for me was his "Sugar Twin." I observed his many accomplishments and his way of calling people into God's service. He talked openly and without bitterness about life with diabetes. Though there were decades between our ages, he was a close friend because he understood what it is to live with an unseen disability. His attitudes changed mine.

"Having a disability is no more of a tragedy than having green eyes. What is a tragedy is the lack of sensitivity, awareness and knowledge that disabled women encounter, and the physical, psychological and social barriers that result from this."

—Pat Danforth

"When food is scarce, women and female children receive little or no food. Especially in societies where women are considered to make little economic contribution, the nutrition of the present and future breadwinners is given first priority. One of the major causes of disability is inadequate nutrition of mothers and children, especially girls. The vicious circle is further perpetuated by the fact that in certain parts of the world a baby

girl often receives only the food left by her father and brothers."
—Joint U.N. Committee

I again began to ask God, "Why should I have diabetes?" My answers came — slowly, meaningfully. Following college I became involved in pastoral ministry. As I served people who had illnesses and physical disabilities I discovered that the perspectives gained as a person with an invisible disability were indeed blessings and gifts from God.

As I began to acknowledge my own health care needs, my body grew stronger and I thanked God for helping me appreciate the marvels and intrigues of the human body. As I learned to share with my colleagues that I did have some disabilities, I found acceptance. I tried to confront ignorance in a loving way, and I hoped to create new awareness in my efforts to educate others about my condition.

My invisible disability is not a demon or an enemy. It is a part of me, it has formed and shaped me, it is a gift in very unusual packaging, and I believe God has a strong purpose for the experiences I have had with it.

Learning to live with our imperfections is learning to live with our humanness. We cannot control every part of our lives. We have to relinquish our objections to not being perfect. We are, one and all, a people of faith.

Rhonda Wiebe Warkentin was co-pastor at First Mennonite Church in Saskatoon for five years. Currently she is sharing a faculty position with her husband, Ken Warkentin, at Elim Bible Institute in Altona, Manitoba. She is the mother of two preschool children.

by Dr. Fatima Shah

Blind Women in Developing Regions

Let us examine the lot of the blind female within the family in the developing regions. Over 80% of the population of the developing world lives in rural areas, as do the great majority of the blind women.

We find that in almost any present day society, but especially in the rural areas of the East, loss of sight for a female is almost always accompanied by loss of status, privileges and rights both in society and within the family.

In society, because discrimination against women in general reaches its peak against blind women in particular and coupled with prejudice and ignorance, relegates her to the position of an inferior being, an object of false pity and mindless charity. In the family she is deprived of her normal role because of the belief that her disability renders her incapable of performing it.

This loss of place and privilege may be incurred at any stage from infancy to adulthood depending on when sight is lost. As an infant she is deprived of any special efforts to help her achieve an intelligent awareness of and adjustment to her surroundings. On her own she learns to relate to life and people through the sounds and smells of daily life. The deep-rooted belief that she is the product of some sin committed by her parents and has, therefore, to be endured with resignation and patience, seeps into her subconscious and leaves an inevitable and indelible impact on her being and her self-respect.

As a child in the average rural home or even in the cities of the developing regions of the world, she is left to exist in a confined area of the house. Her movements are far more restricted than those of the male blind child because

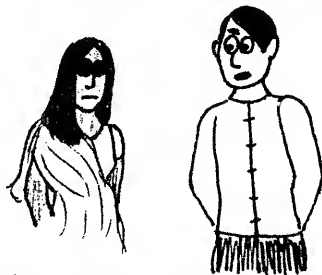
• **For Further Study**

Written Resources

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of the traditional concepts about girls as a whole. Very few, if any, have the chance of any kind of education. Some may be given limited religious instruction. However, this is more to inculcate in them resignation to their fate than anything else. Their talents and abilities remain unexplored, unsounded and perhaps even undetected, if not deliberately suppressed or ignored.

So the blind girl leads a vegetable existence with nothing to look forward to. She is usually hidden from visitors and strangers because the family is ashamed of her and because, if the fact that there is a blind girl in the family were to become known, it might prove an obstacle in arranging the marriages of her siblings and a hindrance to them in their lives.



YES, WE'RE HAVING COMPANY
AGAIN, DAUGHTER. SO...
JUST STAY IN YOUR ROOM
UNTIL THEY LEAVE.

Come maturity and adulthood, and the prospect is even bleaker. Cultural patterns and traditions in the developing regions and rural areas are such that it is only after marriage that a woman gains freedom to play an active role in the community and to be "socially integrated," as it is understood in the West. Social and cultural traditions also dictate that marriages be arranged. This is especially true of the rural areas. Attitudes are so warped and ignorance so rampant that few people would dream of marrying off a blind daughter or of seeking a blind girl as a daughter-in-law. In this way the blind woman in this part of the world is deprived even of her traditional role of wife and mother.

This deprivation has, naturally, unfortunate psychological repercussions and inflicts on her the added burden of frustration, self-pity and inhibition. The victim of hypercustodialism, always conscious of her lack of a place in the social order, she is gradually brainwashed into accepting herself as a non-person with no rights or privileges to claim, no duties or functions to perform, no aim in life to achieve, no aptitudes to consult or fulfill.

That this is a grievously unjust state of affairs cannot be denied. It is unjust first and foremost to the blind woman herself. For what is a blind woman but a normal person who happens not to see? She has the same aptitudes and talents, the same gifts and abilities, the same potential or lack of it as any other human being in any cross section of society. The only difference is that the blind woman uses her other senses to compensate for her lack of sight in carrying out her duties or in achieving her potential.

According to statistics, there are approximately 15 million blind people in the world today. However, it is likely that this figure falls far short of the actual. If accurate statistics from the developing countries were readily available, the real number would be nearer 30 million, of which 15 million would be women. Most of the latter are likely living in rural areas. Fifteen million lives being lived in the darkness of despair, in the dystrophy of talent and ability. How many homes that could have been, how many lives wasted? If the sum total of all these wasted talents could be calculated, the loss incurred by society might surprise us all.

The time has come to set the balance right. In fact, it is long overdue. To achieve this, a down-to-earth scientific approach is needed. The first step, of utmost importance, is for itinerant social workers to enter homes where blind girls and adults are confined and to re-educate parents, relatives, neighbors and the community, breaking down age-old misconceptions about and attitudes to blindness.

This work has already been started on a small scale in a few countries of Asia and Africa by some voluntary societies such as the White Bonnets Scheme of the Ghana Society for Blind Welfare. However, national governments should launch comprehensive programs especially in small towns and villages so that help reaches every blind girl and woman, wherever she may be.

Simultaneously, blind girls should be allowed and encouraged to receive an education, leading to a stage when education may be made compulsory for them in residential or integrated schools and colleges.

Next, special training centers should be established where blind girls can be trained to lead normal lives and where they can learn domestic science and the arts of homemaking and mothercraft. Here mobility training should be given to enable them to move freely, gracefully and independently with the help of a cane. Reading and writing of braille and typing should be taught to ensure communication with the sighted and the blind.

• **Opportunities/Resources**

- **Women and Disability. Vol. 14 No. 1 issue of *Resources for Feminist Research*. (From Ontario Institute for Studies in Education, 252 Bloor Street West, Toronto, Ontario, M5S 1V6.)**
- **Full time position as Director of International Education, starting July 1, 1989. Management expertise, demonstrated commitment to experiential learning**

methodologies and second language fluency essential. Cross-cultural living experience and Ph.D. (or candidacy) preferred. Application deadline November 1, 1988. Send letter, resumé, transcripts and three references to John D. Nyce, Interim Academic Dean, Goshen College, Goshen, IN 46526. An equal opportunity/affirmative action employer.

"Many people are unaware that they are temporarily able-bodied (TAB), and that they may in the future benefit from changes that happen now. No one is immune from becoming disabled."
—Sheryl Kaplan

In rural areas a woman is much more active not only at home but in the fields, where she works side by side with men. The centers established should therefore include training facilities for agriculture, vegetable gardening, animal husbandry, small-scale poultry farming and other rural crafts. These centers should encourage and invite visits from the general public and community so that age-old distorted and incorrect concepts about blindness are gradually removed.

This will raise their value in the marriage market. Marriage is of supreme importance in the sociocultural patterns of rural communities. It is the only way to give purpose and meaning to a woman's life and the only means through which she can participate fully in family and community life. Their most important and only career is marriage for which they must be trained to ensure equal efficiency with sighted women.

A vast storehouse of potential lies waiting to be tapped. It is for us to seize the initiative, to make the effort to draw on it and to help it to flow into and to merge with the mainstream of modern, liberated, active and useful womanhood.

Dr. Fatima Shah is currently chairperson of the Women's Affairs Committee of Disabled Peoples' International. She worked as an obstetrician-gynecologist and pioneer social worker in Pakistan before losing her sight in 1955. She retired from her work and because there were no facilities of orientation or rehabilitation in her country, she spent a couple of years in shock, frustration and total inactivity. In 1960 she founded the Pakistan Association of the Blind. Today the association is a strong national self-help movement with consultative status with the government.

by Patti Harms

Encounter With Pain

I felt heavy with problems, pain, restlessness and weariness. As consciousness returned, I realized I faced another long night of sleeplessness, pain, loneliness and an ever-growing fear for my future. What would I do now? Would I ever heal again? How many people had control over my life now? Would I ever get back to my career? What would happen to my marriage of only three months? These questions and more ran an endless track through my tired brain.

That took place exactly a year ago and since then I have spent many such nights. Unfortunately, this was not my first experience with this type of problem. My life for the past eight years has been landmarked by a series of accidents which progressively reduced my physical activities and increased my daily dosage of pain.

A fall in a physical education class in 1979 triggered this long series of events. At that point I had a promising career in track and lived for running. I did not let my fall stop me; I kept right on running. However, the pain in my lower back and legs steadily increased. Doctor after doctor either said there was nothing wrong structurally or actually admitted that they did not know what was happening to me. The pain was increasing to the point where high school was a nightmare; sitting in class was a task to be conquered each day. I was gradually losing sensation in both my legs and in the morning I sometimes could not walk.

Because the doctors were not making a diagnosis, I began to wonder whether I was slowly losing my mind. I mean, doctors are always right and if they say there is nothing wrong, I guess I must be making it all up. This continued

WELL, YOUNG LADY, I CAN'T
FIND A THING WRONG WITH
YOU. YOU'RE JUST FINE...



over a period of two years in which time my physical and emotional status deteriorated to the point of suicide. I had nowhere to go and no one to turn to. No one understood or could feel what I felt. Everyone was having fun doing things high school kids do, except me. It was at this time that I tried to take my life. In some ways this was a turning point for me because despite all the pain and loneliness, I decided I wanted to live. Many times since that day I have wondered about my decision and have come to the same conclusion: I still wanted to live.

This, of course, was my own personal experience with the pain I encountered at such a low point in my life. I cannot even imagine what kind of pain it brought my family and friends who found out about the attempt. It was incredibly hard to talk about because I had been unable to talk about my feelings before my decision to take my own life. It became even harder to share my feelings after I made a conscious decision to die. I could not express the feelings of intense despair and frustration that I lived with every day. Only years later would I break out of that bond.

Since then the resolution to live has been tested many times, as my life continued to be marked by a series of accidents which increased my pain and ignorance of my physical condition. My emotional state would be much worse, I am convinced, if it had not been for the support of my family and especially my Canadian Mennonite Bible College family of friends. If I have not thanked them before, I thank them all now. I simply did not know how to cope with the pain which pervaded every facet of my life. It made studying (sitting) difficult and I missed many classes and social activities. Out of my three years at CMBC, seven months were spent in bed or resting.

After graduating, I entered nursing school and spent my first year relatively successfully. I believed that I had finally gotten over everything. But three months after my wedding, in the fall of my second year in nursing, I was in a car accident. This proved to be the start of a long, painful year.

After the accident it took a month to discover how extensive the damage was and how long it might take to return to my previous physical condition. This was agonizing — it felt like my whole future was left hanging. Maybe I would get back and maybe I would not. Even worse were the questions regarding the extent of my injury. I had had a myelogram a few years before which proved to be negative. However, the possibility of a recurring disc problem was very real. I did not know if I would have surgery in a year or if I would be back in school. Many caring doctors could not do anything until the inflammation in my muscles had subsided. This took well over six months. It was simply a matter of total bedrest until the intense pain and inflammation receded.

I thought I had learned something about pain in my years of dealing with it, but it was nothing in comparison to what I experienced over those next three months. I could not sleep for more than an hour at a time because pain pervaded my sleep and dreams. I tried pain killers and muscle relaxants, but they only made me feel worse. So I decided to try relaxation techniques similar to those used by women in labor. It made a definite difference, even though it meant that I slept even less than before. Through concentrating on these techniques I was able to break through the cycle of pain causing spasms causing pain causing spasms...

Though the intense mental concentration was difficult, it paled next to the intense loneliness and isolation I was experiencing. My life had been cut off in a second and now I could not even leave the apartment. I depended on those friends who made the effort to drop in or call. It is difficult to describe how many basic needs associated with self-worth and personal identity are cut off in such a situation. I suddenly became a non-student, a non-productive person (in society's view) dependent on student loans and my husband's part-time jobs.

I also became a non-sexual being as well, which may not occur to many people. Even hugging my husband and friends was painful. My husband slept in the living room for over six months until my pain subsided sufficiently—any sudden movement or bump caused intense spasms in my back and legs. People were scared to touch me because they were afraid that they would hurt me. I sometimes wanted

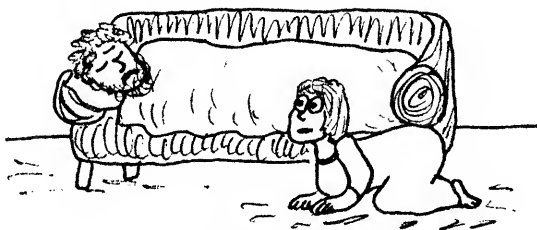
"When men become disabled, the marriage breakup rate is 50 percent, when women become disabled the marriage breakup rate is 99 percent."

—Jill Weis

to just scream out and tell people that I needed to be held and touched more than I had before the accident.

I had nothing to talk about with friends because all I did was watch television. My struggle with pain was such a challenge that for a long time I could not open my mind to ideas or books.

I remember one sleepless night. It was 3 a.m. and I decided that I needed my husband. Because I could not walk, I crawled to the living room and woke him up. I tried to explain that the pain was so bad that I could not cope. As I said this, I realized it was not the pain but rather my intense loneliness that caused this need. Like a light unfolding, I started to see myself for what I was and more importantly what I needed to do. I tried to shrink away from it but it kept staring me in the face.



SWEETHEART ?...

For the next three weeks I cut myself off almost exclusively and took a long look inward. I sometimes was not entirely impressed with what I saw. I knew suddenly that I needed to accept my body as part of myself. I had been so angry with myself for what was happening. With no one else to blame, I had turned all my hatred and anger inward. I hated everything about myself, my personality, my gifts and potential and anything connected with my physical appearance. I was always amazed that anyone could like me after my back problems started.

In essence, I rejected myself before anyone else could. By turning in on myself, I was ignoring all the pain and anger inside and not giving it a natural release. But now, I could no longer do this. I could not pretend that nothing was happening and ignore my rising emotions.

Finally, in the single most painful moment of my life, I embraced my feelings of anger, bitterness, injustice and fear as part of ME. This was who I really was and I owned these feelings. It was only then that I could start sorting them out and dealing with them in a healthy way. This will

accompany me all my life, as will the pain, but I made many strides in those weeks.

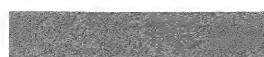
The incredible thing was that I could start loving myself again. It came slowly, almost unnoticed until only recently. I embraced my pain as part of ME in all of its glory. What a release it brought. I did not need to cut off a part of myself because I did not like it. This last year brought more wholeness into my life than I have ever experienced. I started seeing myself as a valuable person filled with potential no matter how much better, if ever, my back will get. I had value and could even accomplish things, even if it only meant knitting sweaters, of which I did a lot.

The most exciting thing I found is that I could actually glean from all the pain, despair and fear to make myself a better person. Only last night, I heard someone who has lived with lupus and rheumatoid arthritis for many years say that without her pain she would have lost many opportunities to grow. I could only say, "Amen." It is foolish to miss chances in which we are humbled by things greater than ourselves. They allow us to mold and shape ourselves into stronger, healthier and more sensitive people.

My personal struggle will continue, but the joy that accompanies me can only be traced back to the depths of despair in which I found myself and which I accepted as an integral part of my life.

Patti Harms is a student at the University of Manitoba this year and is hoping to go back to nursing next year. She presently lives in Winnipeg. She dedicates this story to her husband, Ernest Ens, family and friends "without whom I could not be!"

"At least some of the prevalent stereotype of asexuality stems from seeing disabled people as eternal children. Telethons and other charitable activities have played a large role in creating this image. They portray us as being wan, pathetic, pitiful. The Jerry Lewis telethon even showed a series of film clips of adult disabled people saying, 'I'm 47 years old and I am one of Jerry's kids; I'm 55 years old and I'm one of Jerry's kids.'" —Anne Finger



by Lynda Katsuno

Sexuality and the Disabled Woman

To begin with, I must acknowledge that within the community of persons with disabilities, you will find the same cross section of people that you would encounter among the able-bodied: introverts, extroverts, beautiful and not-so-beautiful people (both in body and spirit), heterosexual, homosexual etc. People who have disabilities can have and are entitled to full, responsible sexual expression. As with other areas of concern for persons with disabilities, it is often not the physical limitations that create the greatest barriers, but the invisible, attitudinal barriers that create the problem.

Many people have difficulty accepting that disabled persons have normal sexual desires and impulses. Sometimes they assume that since we are limited in a certain physical aspect—and in other cases, mental—we must also be limited in the area of sex and sexuality. (This also includes the attitude by some less informed that a physical disability means one's intellectual facilities are also affected!)

I was hurt in a car accident in 1973 in Toronto. I severed my spinal cord and mobility became possible only through the use of a wheelchair. I entered Canada's finest rehabilitation center. I had the best physiotherapy available, as well as excellent occupational therapy (learning how to live independently, drive a car etc.). I also had a social worker whose job it was to help me make the transition back into "normal" life.

But other than one comment from one of my doctors who said, "Just remember that you can still become pregnant!" (My first reaction to this statement was, "Is this good news

or bad?"), nobody ever talked to me, much less counseled me, in the area of sexual rehabilitation—either the physical changes to my body or the emotional implications.

At the time, I was involved in a long relationship with a man. I can still remember thinking about so many aspects of this dimension of our future relationship or if there would even be a future together because of my disability. I was 21 years old at the time and this was a great weight on my mind, but I received no help from any of the professional people who were working with me.

Others' attitude commonly was, "With all the other things you have to worry about, why worry about that?!" Except "that" was still an important part of who I was and yet nobody considered it important enough to even talk about, much less deal with. Well, I was extremely fortunate in that I did receive help, in the form of love and affirmation from non-professional, "unqualified" counselors (except qualified in the sense that they knew and loved me)—my wonderful family and friends who were so instrumental in shaping my attitudes about everything, including my self-image, as I re-entered society.

I had always liked nice clothes and to look good. People encouraged me to continue with the attitude of, "Why would you stop that now?" For me, looking good on the outside helps me feel better about myself and contributes to my feeling good on the inside as well.

I carried on with my life, doing everything I did before and being everything I was before—teaching and being a musician and continuing to love and being involved in relationships. This was the key to feeling an integral part of society. My self-understanding and self-concepts were fairly positive and this greatly affected my relationship not only with men or anyone I was involved with, but with people and the world in general.

We always say and many of us do believe that the beauty of one's soul, the inner dimensions of the spirit, are far more important than one's looks, and that when we love and care for someone, physical appearance is not nearly as important as inner depth and a unique self. However, one realizes, sadly perhaps, that our modern culture (in North America, at least) puts much emphasis on the body beautiful and sexuality. We all know someone who on paper has the finest qualities (intelligent, kind, loving, personable, etc.) but who rarely gets "asked out" by a member of the opposite sex because of an unattractive physical appearance! This is especially common for many women with disabilities.

"A disabled woman ignoring her deformities donned a bikini. She proudly proclaimed, 'I am Raquel Welch—as seen through the eyes of Picasso!'"
—Yvonne Duffy

A physical disability often places one at an even greater disadvantage because of the common concept that disability eradicates sexual attractiveness. In their study, Bogle and Shaul talked about reactions women received from others following their disability. It was not uncommon to hear comments such as, "What a pity it happened to you. You were so pretty before your accident!" Not only is this kind of statement outrageous and ignorant, it destroys (in virtually 14 words!) a woman's sense of self-esteem and how she thinks of herself sexually.



OF COURSE I FIND YOU ATTRACTIVE!
YOU HAVE A LOVELY...UM...WHEELCHAIR...

For me, my wheelchair presented a tremendous hurdle that I had to overcome regarding a positive self-image, especially in terms of sexuality or desirability. In my mind, such negative attitudes seemed attached to this vehicle that I now had to rely on to get around (for others, it could mean braces, crutches etc.) that it was difficult for me to incorporate it into my concept of a sexually desirable person. It's no easy job to integrate a cold, hard, steel-and-leather object into one's sense of being warm, huggable and lovable! How do you "snuggle" when one person is in a wheelchair?! Well, through one or two very special persons, I've been taught that the very logistics of this situation can in fact, lend themselves quite well to a close and warm encounter and certainly does not have to be a problem at all!

*This is an excerpt from the paper, "Living, Loving and Learning," by the author. The title is taken from Leo Buscaglia's *Living, Loving and Learning*.

Lynda Katsuno, a Canadian, is a consultant on disability with the World Council of Churches in Geneva, Switzerland.

by Diane Driedger

Disabled Women and the Church

"Someone who knows nothing about me except that I use a white cane as a mobility aid will startle me by approaching unexpectedly and hissing in my direction, 'If you truly believe in the Lord, he could make you see before you get to the end of the block.'"(1)

These words of a visually impaired woman reflect a traditional belief in many church circles that if a disabled person only had enough faith he or she would be healed. While this attitude still exists to some extent, attitudes towards disabled persons have been changing in the last eight years. There is a growing awareness that disabled people are also created in the image of God and are whole persons.

Since the late 1970s, various Christian denominations in North America have initiated disability awareness programs to advocate for the inclusion of disabled people into church life. In 1980 the Canadian Mennonite churches entered the awareness scene through the Handicap Concerns Program of MCC Canada.

The intervening years have seen many changes in the physical accessibility of churches and church institutions. Elevators, ramps, handicap parking spaces and accessible washrooms are common sights in revamped and newly built churches. Attitudes, often the biggest barrier to disabled people's participation, are also changing. People

Church Ministries

- Church of the Brethren Church and Persons with Disabilities Network.
1451 Dundee Avenue, Elgin, Ill., 60120. (312) 752-5100
- Deaf Ministries, Mennonite Board of Missions.
Box 370, 500 S. Main, Elkhart, Ind., 46515. (219) 294-7523 (TTY/Voice)

- Handicap Concerns Committee, MCC Canada.
134 Plaza Drive, Winnipeg, MB R3T 5K9 Canada. (204) 261-6381
- Mennonite Developmental Disability Services, Mennonite Central Committee.
21 South 12th Street, Akron, Pa., 17501. (717) 859-1151.

with disabilities are increasingly viewed as important contributors to church life.

Indeed, our theology affirms the importance of disabled people as human beings, created in God's image. "All need to share with others the work that needs to be done to sustain life and to make it simplified. We all need to feel needed, to feel that we contribute something to life, to feel that we have something to give others, and that we participate in the work of God on earth," says Mennonite theologian David Schroeder. (2)

Jesus accepted and related to the oppressed—women, poor, and disabled persons. He affirmed the worth of everyone, whether they were blind, had leprosy or were hemorrhaging. Through his example, we as his followers are called to be advocates with disabled persons.

How can we in the church work with disabled persons, and in particular disabled women, to ensure their participation and acceptance?

Following are some suggestions:

1. First, ask disabled people themselves what their concerns are. What do they define as barriers that need to be changed? Disabled people best know their own needs.
2. Work *with* disabled persons in changing attitudes or barriers. Don't do things *for* or *to* them—include them in the process. For instance, have disabled people involved in the accessibility planning process. They best know what grade the new ramp should be so that they can negotiate it with their wheelchairs or crutches. Without consultation, mistakes in accessibility can happen, causing headaches and extra expense. In addition, including disabled persons as partners in the planning process recognizes that they are peers and equals in the church.
3. Do not overlook the special needs of women with disabilities. For instance, do some women require an accessible church nursery? Are women's events accessible? Is sign language interpretation available or amplification for women with hearing impairments? Is the agenda in braille or is it read out loud before a meeting for those who have visual impairments?
4. With your church group, advocate for the needs of women with disabilities in the general community. As mentioned earlier, often abuse and rape counseling centers are not accessible to women with disabilities. Church people can attend board meetings of such organizations

and raise the issues. Simply phoning a center might prove useful, along with offering to provide resources on accessibility. If the center argues that they have not heard of these needs, point out that women may not even be able to come forward to inform them due to barriers — stairs to climb or regular phones on which to talk.

5. Include people with disabilities in church social activities. Do not assume that they will not be able to participate in the youth tobogganing event or the camping retreat. Ask people with disabilities what small modifications they may need to participate.

"I don't think it matters a bit to God what our 'packaging' looks like. We were told as children that he loves the red and brown, the black and white, the old and young. Yet we grow up with this undercurrent of belief that the form of our bodies is so important. Our souls are a mutual gift from and to the Lord. What's in the package doesn't get its value by how it happens to be wrapped." (3)

- (1) Mary Jane Owen. What's so Important about the Wrapping Paper of our Souls? *Rehabilitation Gazette*. 1986. p. 10.

- (2) David Schroeder. In the Image of God. *In Celebrating Differences*, edited by Alfred Neufeld. 1984. p. 4-5.

- (3) Mary Jane Owen. What's so Important about the Wrapping Paper of our Souls?

by Roma Quapp

"Living Around"

Disabilities

I have been living with arthritis for 21 of my 25 years. Though arthritis can be a very debilitating disease, one which progressively worsens and for which there is no cure, I have been fortunate. Until seven years ago, its effects on me were relatively minor. Currently, following a period in which I broke my leg and required several rounds of surgery, the disease has again stabilized. This past year I have been doing better than ever before.

Throughout the years, the idea of "living with a handicap" has been both very foreign to me and very much a part of my life. I have never regarded myself as particularly "handicapped," because though there certainly are things I cannot do, there are many more things in which I excel. The difficulties are simply there, something I have to "live with," just as I have to live with being blond, short and female.

Indeed, sometimes it seems as though the difficulties are "lived around" rather than "with". That is to say, I do everything everyone else does up to a certain point. From there I compensate so as not to overstep my limits. Thus my arthritis, instead of determining what I can do, simply becomes another element to take into consideration.

In general, I find that the "handicap factor" in my life has been of relatively minor importance in determining my conception of myself. I have always seen myself as being just as physically capable within my limits of stress and fatigue as others within theirs.

In my dreams I have always been capable of doing everything a "normal" person does, from kneeling to running to other physical activities not really possible in "real life." Occasionally this mental perception finds itself confronted with "hard fact," as when walking past a mirrored wall in a shopping center, for example, and seeing the awkward posture of my body and the stiffness of my gait. Nonetheless, these are minor incidents and my sense of being comfortable with my body depends more on a sense of being a whole person with many capabilities than on a few reflections in a mirror.

One area, however, in which conflicts tend to arise more frequently between my actual capabilities and my perceptions is in leisure activities. I grew up in a family that loved the outdoors. As a child, I went camping, hiking, fishing, cross-country skiing and so on with my family. I fatigued easily, but young children often do, and so my limitations were not as readily apparent, especially not to me.

Now, as an adult, I am surrounded by friends who also love the outdoors, who go hiking, skiing and mountain-climbing with great regularity. They have even formed an informal club, the "Menno Mountaineers." This has been difficult for me at times. My limitations are more evident now and during the last few very bad years I sometimes became very exasperated and angry at these friends who seemed to talk of nothing but the next hiking or climbing trip. (Of course they never thought of inviting me on these trips). This, more than anything, was what angered me:



not that I couldn't hike or climb mountains, but that people would talk in front of me of doing these activities with seemingly no awareness that I might be jealous or envious of them.

They talked as though I should appreciate the idea of planning a mountain trip, but it never entered their heads that I might want to come along, that there might be a way to make it possible. Even if I couldn't climb or hike, I could go along and do what I could: cook and clean and appreciate the scenery and the company. This is what I mean by "living around" a handicap—compensating by doing a related activity which allows for maximum participation and minimum overexertion.


Even so, it is not always easy to live on the edge of activity. I would dearly love to climb and hike, to wander through the mountains and prairies on my own two feet and enjoy God's creation. However, this is simply not possible, so while I often become angry, I try not to let myself dwell on what I cannot do, but on what I can do.

I have compensated for my physical handicap by spending much time on studies, an area in which I have no handicap. In recent years my studies have occupied the major part of my time, as I have few other hobbies or areas of interest to detract from them. Having all my energies focused in one area makes it easy to fall into the trap of not taking enough time for leisure, especially since I enjoy my studies and do well in them.

Thus, compensation should not become overcompensation; and leisure activities, though they should be geared towards one's capabilities, should not be limited to that. Leisure activities permit interaction with others on a different level than day-to-day work; this relaxed atmosphere and communion with others is necessary for personal strength.

Living with or around a handicap does not mean limiting oneself to passive solitary activities. It is important to join others in what they do as far as possible, and not allow them to ignore a person simply because she cannot do everything they think is necessary for a certain activity.

Roma Quapp is an Edmonton writer and translator who is currently completing a master of arts in translation at the University of Alberta. She has been a member of MCC Canada's Handicap Concerns Committee for two years.


by Helen Good Brenneman

I Accept

A minister's wife wrote the words of Amy Carmichael several times in my guest book: "In acceptance lieth peace." But some things in life are hard to accept. To be told that one has an incurable and terminal illness—multiple sclerosis—is hard. It was not written in the book of my life plans to contract this disease at age 38.

Another bomb fell 13 years ago when our family doctor suggested that I move to a nursing home. Both my husband, Virgil, and I went into depression. It was no easier on our four children, ages 6 to 11. How do you explain to a child that sometimes God answers prayer with a "no"?

Our children were required to accept responsibilities beyond their years. But they have grown to adulthood with compassion and understanding, several going into helping professions.

But life did not stop when MS reared its ugly head. Our family did extensive traveling. I continued on speaking tours. Virgil and I even attended Mennonite World Conference in Amsterdam, where we had been married 20 years before.

As for my love — creative writing — release from household duties and insights gained from MS made writing eight of my 10 published books possible after coming down with the disease. And my greater visibility because of my writing gave me a new profession: crisis counseling by letter, phone, tapes and in person. People who were frightened by the possibility of MS or who had been recently diagnosed eagerly looked for a kindred spirit, someone who "walked where they walked." But, of course, people with other diseases had similar problems, which was proven by the popularity of my book for sick people, *My Comforter*.

- **Mennonite Women in Ministry**
- **Suzanne Lind** has been appointed director of service ministries at Mennonite Board of Missions. She is responsible for Voluntary Service, Mennonite Service Venture, and a new program being developed for young adults. Lind previously worked in social services and journalism in Akron, Pa. and before that lived with her family in Transkei, where she directed MCC's South Africa program.
- **Doreen Neufeld** of Hamilton, Ontario is the recipient of the 1988 June Schwartzentruber Award. It will assist her in her studies at McMaster Divinity School this coming year. Neufeld and her husband, Hugo, direct the Welcome Inn Community Center and lead the Mennonite congregation that meets there. The scholarship fund promotes women in church leadership as well as minority, urban, and social justice issues.
- **Patricia Shelly** of North Newton, Kan. has been appointed to fill the vacant North American position on the International Mennonite Peace Committee. She is assistant professor of Bible and religion and campus minister at Bethel College in Kansas, and is a candidate for a doctorate in theology at the Iliff School of Theology and the University of Denver.
- **David and Janice Sutter** assumed responsibilities as co-pastors of Kern Road Mennonite Church, South Bend, Ind. in September.
- **John and Wanda Sinkey** were ordained as co-pastors of Agape Fellowship, Kendallville, Ind. earlier this year. They were both licensed in 1985.

The Bible does not promise us an easy life. Jesus said, "In the world ye shall have tribulation. But be of good cheer. I have overcome the world." The Apostle Paul said it this way: "Endure hardness as a good soldier of Jesus Christ." I try to do that. God has walked with me this far. I would agree with the writer who said, "I know not what the future holds, but I know who holds the future."

Helen Good Brenneman is a free-lance writer and author of 10 books, including *Meditations for the New Mother* and *Meditations for the Expectant Mother*. Eight of her books were written after her MS was diagnosed. She currently lives in Goshen, Ind.

News

Verbs

and

- The MCC Committee on Women's Concerns will accept donations for the subsidy of the **Mennonite women's art book** until Oct. 15, 1988. Approximately \$2200 has been contributed towards the goal of \$4700. The subsidy will enable the book to be published and sold at an affordable price. Make checks payable to MCC or MCC Canada designated for CWC women's art book.
- **Nadine Pence Frantz** will be teaching theology half time at the Mennonite Brethren Biblical Seminary in Fresno, Calif. starting this fall. She is a Church of the Brethren member.
- Replacing CWC member Irene Loewen as counseling instructor at the Mennonite Brethren Biblical Seminary is **Delores Friesen**. Delores has been a pastor at First Mennonite Church of Iowa City, Iowa
- **Brenda Glanzer** has been chosen to represent the General Conference on the CWC. Brenda lives in Elkhart, Ind. where she serves as a pastoral intern at Belmont Mennonite Church. She replaces Joan Gerig who has served on the committee since 1984.
- "Every Woman in Ministry" is the theme of an inter-Mennonite conference Nov. 18-19, 1988 at Sunnyslope Mennonite Church, Phoenix, Ariz. The conference will emphasize self-worth, challenge women to be in ministry, provide opportunity to experience encouragement and to meet people from other cultures. **Marilyn Miller**, pastor at Boulder (Colo.) Mennonite Church, will serve as guest speaker. Workshops include sessions on caregiving, mentoring, prayer, hospitality, singleness, opportunities for business and professional women and more. For more information contact Delores Geiser, 401 E. Houston, Gilbert, AZ 85234.
- **Susan Shirk** was appointed director of administrative services, MCC, starting in July. She served previously as assistant to the executive secretary of MCC US.

Letters

- Enclosed is a check for one year's subscription to *Women's Concerns Report*. I was introduced to this fine publication during a meeting of the Church of the Brethren Women's Caucus steering committee, of which I am a member. I appreciated the effort to interpret "Our God Talk" (No. 76) in the Jan.-Feb. 1988 issue and anticipate that future issues will continue dialogue on issues important to all women (and men). Keep up the good work, enriching to our mutual traditions.
—Dottie Steele, Martinsburg, Pa.
- I want to tell you how much I appreciate *Women's Concerns Report*. I have really enjoyed reading it and I wish I had known about this magazine a long time ago. Somehow I was not aware of this magazine while we still lived in Canada. Are the women's groups in Canada aware of this great magazine?
—Sue Friesen, Taipei, Taiwan

We encourage and invite letters from readers that speak to the issues raised and the perspectives presented in Report. Although we try to print all letters, some may be shortened or edited to fit available space. All letters must be signed, although writers may request to have their names withheld.

- **Kent and Barbara Besson**, spring graduates of Hesston College's Pastoral Ministries Program, joined the pastoral team of their home congregation, Family Mennonite Church, in Los Angeles.
- **Robert and Sylvia Ewert** are beginning a new congregation in Muncie, Ind., as a daughter church to Communion Fellowship, Goshen, Ind. The project is supported by the Indiana-Michigan and Central District conferences.
- **Nancy Nelson** is serving as the interim pastor at Spokane Fellowship in Washington.
- **Michael and Christine Juhnke Yeakey** began in August as co-pastors at Salina (Kansas) Church.
- **Marlene Smucker** will become the first woman moderator of a Mennonite Church conference after she serves a term as moderator-elect of Rocky Mountain Conference. She is a member of Emmanuel Mennonite Church in La Junta, Colo.

- Sweden leads the world in the status of women, followed by Finland and the United States, while women in Bangladesh suffer the greatest discrimination, a private population group reports. The independent Population Crisis Committee ranked nearly 100 countries according to the status of women and how their treatment compares with men. The results were released in a study entitled "Poor, Powerless and Pregnant."

No country managed to be listed as "excellent," but Sweden led the "very good" section followed by Finland and the United States. Also listed as very good were East Germany, Norway, Canada and Denmark. Bangladesh finished a distant last, with Mali, Afghanistan, North Yemen and Pakistan rounding out the bottom five on the list. The country ratings, developed in a year-long study, are based on measures of women's status in the areas of health, marriage and children, education, employment and social equality.

The report stated that nowhere do women enjoy equal status with men. Worldwide, women grow half the world's food but most own no land. They are one-third of the paid workforce, but are concentrated in the lowest-paid jobs. Those that have jobs outside the home put in a double day with household and child-care chores.

- The verdict is "innocent" for 13 of the protesters arrested at the Rocky Flats nuclear weapons plant in Colorado last summer. The 13, including **Marilyn Miller**, pastor of Boulder (Colo.) Mennonite Church, were the first to be tried of the 318 arrested. They had been charged with blocking a highway and disobeying police, but a jury of five found them innocent on May 17. Miller said one of the jurors had a change of heart during the trial. The juror told Miller: "Next time I'll be out there with you."
- **Karen Miller** has been appointed director of continuing education and summer programs, Eastern Mennonite College. She is also adviser to international students. Miller served previously as an administrator at the University of Mass. where she is a doctoral candidate in international education.
- In a Pentecost message, 141 Anglican bishops from around the world affirmed the ordination of women as priests and bishops. The bishops call women's ordination "vital to the mission of the church", and "a natural development for the church's ministry." The message offered in London, England, was a response to an earlier message from other Anglican bishops who opposed the ordination of women.
- An exhibit of 17 sculptures by **Esther Augsburg** of Washington D.C. opened this summer at the People's Place Gallery, Intercourse, Pa. Augsburg's exhibit was entitled "The Color of White." She is the founder of a Christian support group for artists and has received grant money to establish art classes for inner-city youth.
- **John Lapp**, executive secretary of MCC, endorsed a letter to the Senate Foreign Operations Subcommittee in support of a funding level of \$5 million for the Agency for International Development's women in development activities.
- A student-sponsored women's conference was held at Eastern Mennonite College in Va. in the spring. The keynote address was given by **Lee Snyder**, Dean and Vice President of Eastern Mennonite College and Seminary, entitled "Womanism: Toward a Vision of Wholeness." The purpose of the conference was to promote wholeness in women's lives, to affirm wholeness from both a female and Christian perspective and to encourage dialogue about issues affecting women's and men's lives.
- A luxury tax is what **Bernie and Patricia Froese-Germaine**, university students who attend a Mennonite Brethren church in Toronto, are imposing on themselves. The couple pays a self-imposed tax on luxury food items like coffee, bananas, oranges, chocolate and tea. The monies collected are donated to relief organizations. They began the tax last year to practically demonstrate concern for hungry people in developing countries. Through their studies they saw how consumer choices in North America affect people in developing nations.
- The Mennonite Church (MC) and General Conference Mennonite Church (GC) are becoming more open to women in church leadership and more willing to affirm the gifts of women in ministry, two students found in a recent study. **Clair Hochstetler** and **Janeen Bertsche Johnson**, students at Associated Mennonite Biblical Seminaries, Elkhart, Ind., conducted the study and comparison of women in ministry in the two groups. They summarized their findings in a 15-page paper. Copies of the paper and appendices can be obtained by sending \$3 to Clair Hochstetler or Janeen Bertsche Johnson, 3003 Benham Ave., Elkhart, IN 46517.
- **Barbara Claassen Smucker**, Waterloo, Ontario, won the \$2000 Vicki Metcalf prize from the Canadian Authors Association for her outstanding contribution to literature for children in Canada.



• Illustrations were done by Dena Epp of Saskatoon, Saskatchewan. She is a free-lance illustrator who has worked on projects with self-help organizations of disabled people in Canada.

- Sally Ito, a graduate student at the University of British Columbia, is this year's recipient of the Canadian Mennonite/Japanese scholarship. The scholarship was established in 1984 by MCC Canada as a way to demonstrate remorse for Japanese-Canadians' suffering caused by Mennonites during World War II and as a way to build positively for the future.
- In the first draft of a 164 page pastoral letter on women, United States Roman Catholic bishops call sexism a sin, recommend removing sexist liturgical language, and urge that positions of church authority and leadership be open to women. "Women feel alienated," the bishops observe, "when clergy patronize them, treat their concerns as trivial, take their contributions for granted, or simply ignore them." They call for further study of the ordination of women as priests to deepen "understanding of the relationship of this question to Christian anthropology, the sacrament of holy orders, and ministry in the church."
- An agency of the World Council of Churches conducted a workshop near Geneva, Switzerland on "reading the Bible through women's eyes." The workshop included Bible study, lectures and worship. In Bible study the participants took turns leading reflections on how the Bible treats issues of food, health, male dominated society, violence, racism and the economy.
- The youngest child of slain civil rights leader Dr. Martin Luther King Jr., followed in her father's footsteps in the spring when she preached from the pulpit of Atlanta's Ebenezer Baptist Church. Bernice King, 25, delivered an afternoon sermon to the deacons and minister of the historic church as a step toward her ordination as a Baptist minister. She is a student of law and theology at Emory University.
- Though ordination of women has been permitted for 20 years the Simalungun Protestant Christian Church only recently ordained its first two women as pastors. Three of the four large Lutheran denominations in Indonesia now have ordained women.
- United Methodist participation in the Ecumenical Decade of Churches in Solidarity with Women has been endorsed by the highest agency of the denomination. The observance was initiated by the World Council of Churches. It proposes to "empower women to challenge oppressive structures in the global community, their country and their church."

REPORT is published bimonthly by the MCC Committee on Women's Concerns. The committee, formed in 1973, believes that Jesus Christ teaches equality of all persons. By sharing information and ideas, the committee strives to promote new relationships and corresponding supporting structures in which men and women can grow toward wholeness and mutuality. Articles and views presented in *REPORT* do not necessarily reflect official positions of the Committee on Women's Concerns.

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